

L13000170481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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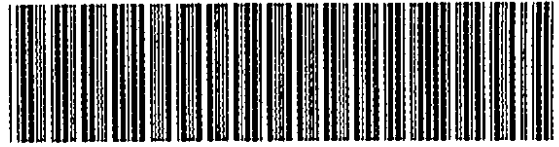
(Business Entity Name)

(Document Number)

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10/31/22--01039--002 **25.

2022 Oct 31

STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Del Viejo LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

chad c. walters
Name of Person

Del Viejo LLC
Firm/Company

448 LA MANCHA Drive
Address

st. Augustine FL. 32086
City/State and Zip Code

cw@osagourmet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

chad c. walters at 904 599-1178
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Del Viejo LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 OCT 31 AM 7:37

The Articles of Organization for this Limited Liability Company were filed on 1/1/2014 and assigned
Florida document number L13000170481

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

448 LA MANCHA Dr.

ST. AUGUSTINE FL

32086

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Chad C. Walters

New Registered Office Address:

448 LA MANCHA DR.

Enter Florida street address

ST. AUGUSTINE

City

Florida

32086

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles Ray Bean	6070 Datil Pepper Rd	<input type="checkbox"/> Add
		St. Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angela Herlong Bean	6070 Datil Pepper Rd	<input type="checkbox"/> Add
		St. Augustine FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	chad c. Walters	448 LA MANCHA DR.	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32086	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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10/27/22

(optional)

Note:

OCTOBER 27th, 2022

10/27/22

Chas. Wall

Signature of a member or authorized representative of a member

Chad C. Walters

Typed or printed name of signee